

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 08/894788	FILING DATE		
							APPLICANT(S)			
							CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1	
2		1					52		1	
3		1					53		1	
4		1					54		1	
5		1					55		1	
6		1					56		1	
7		1					57		1	
8		1					58		1	
9		1					59		1	
10		1					60		1	
11		1					61		1	
12		1					62		1	
13		1					63		1	
14		1					64		1	
15	1						65			
16		1					66			
17		1					67			
18		1					68			
19		1					69			
20		1					70			
21		1					71			
22		1					72			
23		1					73			
24		1					74			
25		1					75			
26		1					76			
27		1					77			
28		1					78			
29		1					79			
30		1					80			
31		1					81			
32			1				82			
33			1				83			
34			1				84			
35			1				85			
36			1				86			
37			1				87			
38			1				88			
39			1				89			
40			1				90			
41			1				91			
42			1				92			
43			1				93			
44			1				94			
45			1				95			
46			1				96			
47			1				97			
48			1				98			
49			1				99			
50			1				100			
TOTAL IND.	2	J	2	J		J	TOTAL IND.		J	
TOTAL DEP.		J		J		J	TOTAL DEP.		J	
TOTAL CLAIMS	30	J	34	J		J	TOTAL CLAIMS		J	